

Completion of this section is requested but not required to apply for a driver's license or ID Card. (Virginia Code §2.2-3806)

INFORMATION FOR THE DEPARTMENT OF ELECTIONS

Mail In / DMV Connect Only - Are you a citizen of the United States of America?

YES (INITIAL BOX)

NO (INITIAL BOX)

Mail In / DMV Connect Only - Do you want to register to vote or change your voter registration address?

YES (INITIAL BOX)

NO (INITIAL BOX)

INFORMATION FOR THE VIRGINIA TRANSPLANT COUNCIL

☐ Yes, I would like to become an organ, eye and tissue donor.

DL 1P (07/01/2024)



Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001
www.dmv.virginia.gov

DRIVER'S LICENSE AND IDENTIFICATION CARD APPLICATION

LOG #

Purpose: Use this form to apply for a driver's license, learner's permit, or identification card.

Instructions: Submit completed application to any DMV Customer Center. Complete front and back of this application.

APPLICATION TYPE

REAL ID: ID requirements for domestic air travel and access to secure federal facilities change May 7, 2025. A REAL ID meets these requirements.

Would you like to apply for a REAL ID license/identification card? (Not applicable if applying for a Motorcycle Learner's Permit)

☐ Yes - I would like to use my license/identification card as ID to board a domestic flight or enter a secure federal facility or military base on or after May 7, 2025. View the documents you'll need at [dmvNOW.com/REALID](https://dmvnow.com/REALID) or ask for a brochure.

☐ No - I acknowledge my license/identification card will display "Federal Limits Apply" and I will need another form of ID to board a domestic flight or enter a secure federal facility or military base on or after May 7, 2025.

☐ Driver's License

☐ Motorcycle Learner's Permit (classification not applicable)

☐ Identification (ID) Card

☐ Learner's Permit and Driver's License

☐ Driver's License with School Bus Endorsement
(to carry less than 16 passengers)

☐ Hearing Impaired ID Card

☐ Driver's License with Motorcycle
(complete Motorcycle Classification section below)

☐ Driver's License Testing for Foreign Diplomats

☐ Emancipated Minor ID Card

☐ Motorcycle Only License (complete Motorcycle
Classification section below)

***Commercial Driver's License (CDL)** applicants must complete the CDL Application (DL2P)

Motorcycle Classification

☐ Maintaining current Virginia Motorcycle Classification

☐ Add, Upgrade or Transfer Motorcycle Classification or obtain Motorcycle Only License. Additional testing may be required. Check applicable box below.

☐ M 2 (2 wheels)

☐ M 3 (3 wheels)

☐ M (both 2 and 3 wheels)

Replacement License or Identification Card (check one of the following):

☐ I am surrendering my current license or ID card.

I certify I cannot surrender my current license or ID card because it is:

☐ Lost

☐ Stolen

☐ Destroyed

APPLICANT INFORMATION

NOTE: YOUR ADDRESS BELOW MUST BE CURRENT. THE U.S. POSTAL SERVICE WILL NOT FORWARD YOUR LICENSE OR ID CARD.

FULL LEGAL NAME (last, first, middle, suffix)

SOCIAL SECURITY NUMBER (SSN)

☐ I HAVE NOT BEEN
ISSUED A SSN.

BIRTHDATE (mm/dd/yyyy)

PHONE NUMBER (optional)

SEX (check one)

☐ MALE ☐ FEMALE ☐ NON-BINARY

WEIGHT

HEIGHT

LBS.

FT.

IN.

EYE COLOR

HAIR COLOR

STREET ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS (if different from above - this will show on your license/permit/ID)

CITY

STATE

ZIP CODE

IF YOUR NAME HAS CHANGED, PRINT YOUR FORMER
NAME HERE

EMAIL ADDRESS (optional)

NAME OF CITY OR COUNTY OF RESIDENCE

☐ CITY ☐ COUNTY OF

1. Do you wear glasses or contact lenses to operate a motor vehicle?..... ☐ YES ☐ NO
2. Do you have a physical or mental condition/impairment which requires that you take medication? If yes, please list the condition(s) and the name of the medication(s). ☐ YES ☐ NO
3. Have you ever had a seizure, blackout, or loss of consciousness? ☐ YES ☐ NO
4. Do you have a physical condition/impairment which requires you to use special equipment to drive? ☐ YES ☐ NO
5. Has your license or privilege to drive ever been suspended, revoked, or disqualified in this state or elsewhere? (**NOTE:** You do not need to disclose if your suspension, revocation or disqualification is due to a criminal conviction that has been expunged, or not subject to public disclosure.) ☐ YES ☐ NO

If you answered YES to any of the above provide an explanation here.

Do you currently hold or have you ever held a: (check all that apply)

☐ Driver's License

☐ ID Card

☐ Learner's Permit

☐ CDL

If so, provide the following:

LICENSE/ID CARD NUMBER

ISSUE DATE (mm/dd/yyyy)

EXPIRATION DATE (mm/dd/yyyy)

STATE/COUNTRY

FOR DMV USE ONLY — DO NOT WRITE BELOW THIS LINE

REQUIRED TESTS	PASS	FAIL	CUSTOMER NUMBER	TRANSACTION TYPE	FEE
VISION			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> REISSUE
DL ROAD SIGNS EXAM				<input type="checkbox"/> DUPLICATE	<input type="checkbox"/> RENEWAL
DL KNOWLEDGE EXAM					
DL SKILLS					
MC KNOWLEDGE			CSR SIGNATURE	CSR LOGON ID	
MC SKILLS M2					
MC SKILLS M3					

OPTIONAL SPECIAL INDICATORS

OPTIONAL - Select relevant indicators below to show on your license, permit or ID card.

MEDICAL INDICATORS

- ☐ Insulin-dependent diabetic* ☐ Speech impairment* ☐ Hearing impairment* ☐ Traumatic brain injury (DL 145 required for license or permit. A physician statement required for ID card.)
- ☐ Autism spectrum disorder (ASD)* ☐ Blind or vision impairment (ID card only)* ☐ Intellectual disability (IntD)*

* Must submit required physician statement

VETERAN INDICATOR

☐ Add or keep the veteran indicator on my driver's license or identification card. ☐ Remove the veteran indicator on my driver's license or identification card. You must complete a Virginia Veteran Military Service Certification (DL 11) form and provide an acceptable veteran service proof document to add the veteran indicator, unless you have already done so.

BLOOD TYPE INDICATOR

- ☐ Add or keep my blood type on my driver's license or ID card. ☐ Remove my blood type from my driver's license or ID card.
- Select one: ☐ A+ ☐ B+ ☐ AB+ ☐ O+
☐ A- ☐ B- ☐ AB- ☐ O-

The blood type designation displayed on a Virginia DMV issued credential shall not create any liability on the part of the Commonwealth of Virginia. Any person or entity that takes action based on the blood type designation displayed shall indemnify and hold harmless the Commonwealth of Virginia pursuant to Va Code §§ 46.2-342, 46.2-345, 46.2-345.2, and 46.2-345.3.

PARENT OR LEGAL GUARDIAN CONSENT**Check applicable box, review certification statement, print your name and sign where indicated.**

- ☐ **I authorize issuance of a learner's permit/driver's license.** I certify that the applicant is a resident of Virginia. I certify that the applicant is attending school regularly and is in good academic standing, but if not, I authorize issuance of a learner's permit/driver's license. I certify that this applicant will operate a motor vehicle for at least 45 hours (15 of which will occur after sunset) while holding a learner's permit.
- If the applicant attends public school, I authorize the principal or designee of the public school attended by the applicant to notify the juvenile and domestic relations district court (within whose jurisdiction the applicant resides) when the applicant has had 10 or more unexcused absences from school on consecutive school days.
- If a Special Indicator Request is checked on this application, I request on behalf of the applicant that it be shown on the learner's permit/driver's license. I certify that the statements made and the information submitted by me are true and correct.
- ☐ **I authorize issuance of an ID card.** I certify that the applicant is a resident of Virginia. If a Special Indicator Request is checked on this application, I request on behalf of the applicant that it be shown on the identification card.
- I certify that the statements made and the information submitted by me are true and correct.

PARENT/LEGAL GUARDIAN NAME (print)	PARENT/LEGAL GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)
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APPLICANT UNDER AGE 18 Have you ever been found not innocent of any offense in a Juvenile and Domestic Relations Court in this or any other state? ☐ YES ☐ NO

If you answered YES, the court making the adjudication of "not innocent" or a court within the jurisdiction where the juvenile's parent/legal guardian resides must provide court consent below. **COURT CONSENT** In my opinion the applicant's request for a learner's permit/driver's license ☐ should be granted. ☐ should not be granted.

REMARKS:		
JUDGE NAME (print)	JUDGE SIGNATURE	DATE (mm/dd/yyyy)

SELECTIVE SERVICE

All males under the age of 26 are required to check one of the following. Failure to provide a response will result in denial of your application.

- ☐ I am already registered with Selective Service.
- ☐ I am a lawful non-immigrant on a current non-immigrant visa or a seasonal agricultural worker (H-2A Visa) and not required to register.
- ☐ I authorize DMV to forward to the Selective Service System personal information necessary to register me with Selective Service.

By signing this application, I consent to be registered with Selective Service, if required by federal law. If under age 18, an appropriate adult must complete and sign below: I authorize DMV to send information to Selective Service which will be used to register applicant when he is 18 years old.

SIGNATURE (check one and sign)	<input type="checkbox"/> PARENT / GUARDIAN <input type="checkbox"/> JUDGE, JUVENILE DOMESTIC RELATIONS COURT <input type="checkbox"/> EMANCIPATED MINOR
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GOVERNMENT EMPLOYEES - (Fee waiver certification)

I certify that I am employed by the: ☐ Commonwealth of Virginia or ☐ City of ☐ County of ☐ Town of _____

to operate a motorcycle solely in the course of this employment and, because of such employment, I am entitled to the waiver of the motorcycle class endorsement fee, provided I have paid for and hold a valid Virginia driver's license or have made application for such.

NOTICE

Va. Code §§46.2-323 and 46.2-342 require that you provide DMV with the information on this form (including your social security number). Your personally identifiable information is being collected for record keeping purposes and will be disseminated only in accordance with Va. Code §§46.2-208, 46.2-209, and the Driver's Privacy Protection Act, 18 USC §2721. Persons convicted of certain sexual offenses (as listed in Va. Code §9.1-902) must register or re-register with the Virginia Department of State Police as provided in Va. Code §§9.1-901, 9.1-903, and 9.1-904. If you provide a non-Virginia residence/home address or non-Virginia mailing address, your application for a driver's license or permit may be denied. Upon issuance of a driver's license, commercial driver's license or identification card in the Commonwealth of Virginia, any driver's license, commercial driver's license or identification card previously issued by another state must be surrendered and will be cancelled by the issuing state.

CERTIFICATION

I certify and affirm that I am a resident of Virginia, that all information presented in this application is true and correct, that any documents I have presented to DMV are genuine, and that my appearance, for purpose of my DMV photograph, is a true and accurate representation of how I generally appear in public. I make this certification and affirmation under penalty of perjury and understand that making a false statement on this application is a criminal violation. By signing this form, I authorize DMV to verify the information provided on this application, as required to determine eligibility.

APPLICANT NAME (print)	APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
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Completion of this section is requested but not required to apply for a driver's license or ID Card. (Virginia Code §2.2-3806)			
INFORMATION FOR THE DEPARTMENT OF ELECTIONS			
Mail In / DMV Connect Only - Are you a citizen of the United States of America?		Mail In / DMV Connect Only - Do you want to register to vote or change your voter registration address?	
YES (INITIAL BOX) <input type="text"/>	NO (INITIAL BOX) <input type="text"/>	YES (INITIAL BOX) <input type="text"/>	NO (INITIAL BOX) <input type="text"/>



Virginia Department of Motor Vehicles
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INFORMATION FOR THE VIRGINIA TRANSPLANT COUNCIL
☐ Yes, I would like to become an organ, eye and tissue donor.

COMMERCIAL DRIVER'S LICENSE (CDL) APPLICATION

DL 2P (07/01/2024)

Purpose: Use this form to apply for a commercial driver's license or commercial learner's permit.

LOG #

Instructions: Submit completed application to any DMV Customer Center. Complete front and back of this application.

APPLICATION TYPE			
REAL ID: ID requirements for domestic air travel and access to secure federal facilities change May 7, 2025. A REAL ID meets these requirements.			
Would you like to apply for a REAL ID license? (Not applicable if applying for a Motorcycle Learner's Permit)			
<input type="checkbox"/> Yes - I would like to use my license as ID to board a domestic flight or enter a secure federal facility or military base on or after May 7, 2025. View the documents you'll need at https://www.dmv.virginia.gov/licenses-ids/real-id or ask for a brochure.			
<input type="checkbox"/> No - I acknowledge my license will display "Federal Limits Apply" and I will need another form of ID to board a domestic flight or enter a secure federal facility or military base on or after May 7, 2025.			
<input type="checkbox"/> Commercial Driver's License (CDL)		<input type="checkbox"/> Commercial Learner's Permit (CLP)	
<input type="checkbox"/> Motorcycle License (indicate class below)			
Check ONE if applicable: <input type="checkbox"/> Motorcycle Learner's Permit <input type="checkbox"/> "M" class (2 and 3 wheels) <input type="checkbox"/> "M2" class (2 wheels) <input type="checkbox"/> "M3" class (3 wheels)			
<input type="checkbox"/> Replacement License (also check ONE): <input type="checkbox"/> I am surrendering my current license/permit. I certify I cannot surrender my current license/permit because it is: <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> DESTROYED			
Add Endorsement(s)		Remove Endorsement(s)	
<input type="checkbox"/> H - Hazardous Materials		<input type="checkbox"/> H - Hazardous Materials	
<input type="checkbox"/> N - Tank		<input type="checkbox"/> N - Tank	
<input type="checkbox"/> P - Passenger Carrying Vehicle (16 or more passengers)		<input type="checkbox"/> P - Passenger Carrying Vehicle (16 or more passengers)	
<input type="checkbox"/> S - School Bus (16 or more passengers)		<input type="checkbox"/> S - School Bus (16 or more passengers)	
<input type="checkbox"/> T - Double/Triple Trailer		<input type="checkbox"/> T - Double/Triple Trailer	
<input type="checkbox"/> X - Tank and Hazardous Materials		<input type="checkbox"/> X - Tank and Hazardous Materials	

APPLICANT INFORMATION							
NOTE: YOUR ADDRESS BELOW MUST BE CURRENT. THE U.S. POSTAL SERVICE WILL NOT FORWARD YOUR LICENSE.							
FULL LEGAL NAME (last, first, middle, suffix)				SOCIAL SECURITY NUMBER (SSN)		<input type="checkbox"/> I HAVE NOT BEEN ISSUED A SSN.	
BIRTHDATE (mm/dd/yyyy)	PHONE NUMBER (optional)	SEX (check one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY	WEIGHT LBS.	HEIGHT FT. IN.	EYE COLOR	HAIR COLOR	
STREET ADDRESS		APT NO.	CITY	STATE	ZIP CODE		
IF YOUR NAME HAS CHANGED, PRINT YOUR FORMER NAME HERE			NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY OF _____				
MAILING ADDRESS (if different from above - this address will show on your license/permit)			APT NO.	CITY	STATE	ZIP CODE	
EMAIL ADDRESS (optional)							
1. Do you wear glasses or contact lenses to operate a motor vehicle?.....						<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Do you have a physical or mental condition/impairment which requires that you take medication? If yes, please list the condition(s) and the name of the medication(s).						<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Have you ever had a seizure, blackout, or loss of consciousness?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Do you have a physical condition/impairment which requires you to use special equipment to drive?.....						<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Has your license or privilege to drive ever been suspended, revoked, or disqualified in this state or elsewhere? (NOTE: You do not need to disclose if your suspension, revocation or disqualification is due to a criminal conviction that has been expunged, or not subject to public disclosure.)						<input type="checkbox"/> YES <input type="checkbox"/> NO	
If you answered YES to any of the above provide an explanation here.							

FOR DMV USE ONLY — DO NOT WRITE BELOW THIS LINE											
REQUIRED TESTS		PASS	FAIL	REQUIRED TESTS		PASS	FAIL	REQUIRED TESTS		PASS	FAIL
VISION				SCHOOL BUS				DOUBLE/TRIPLE			
CDL GENERAL KNOWLEDGE				PASSENGER				MOTORCYCLE KNOWLEDGE			
COMBINATION				TANKER				MOTORCYCLE SKILLS M2			
AIR BRAKES				HAZMAT				MOTORCYCLE SKILLS M3			
CUSTOMER NUMBER <input type="text"/>				TRANSACTION TYPE <input type="checkbox"/> ORIGINAL <input type="checkbox"/> REISSUE <input type="checkbox"/> DUPLICATE <input type="checkbox"/> RENEWAL				FEE <input type="text"/>			
CSR SIGNATURE						CSR LOGON ID					

VEHICLE OPERATION AND ADDITIONAL APPLICANT INFORMATION

I want to be licensed to operate the type of vehicle(s) checked below:

☐ A - Combination vehicle with GVWR or GCWR of 26,001 lbs. or more☐ B - Single vehicle with GVWR of 26,001 lbs. or more, or towing a vehicle less than 10,000 lbs. GVWR.☐ C - Any vehicle that does not fit the definition of a Class A or Class B vehicle and is either used to transport hazardous materials or designed to carry 16 or more passengers, including the driver.**BRAKES** ☐ Full Air Brakes ☐ No Air Brakes (L restriction) ☐ Air Over Hydraulic Brakes (Z restriction)**TRANSMISSION** ☐ Automatic Only (E restriction) ☐ Manual (includes automatic)

Have you been issued any license or ID Card in Virginia or another jurisdiction within the past 10 years?

☐ Yes☐ NoIf yes, identify any jurisdiction(s) in which you held a license or ID Card. Use the Supplemental Driver's Licensing History Sheet, form DL 2PA if additional space is needed.

List all driver licenses issued to you during the past 10 years.

	JURISDICTION	LICENSE NUMBER	LICENSE ISSUE DATE	LICENSE EXPIRATION DATE
1.				
2.				
3.				
4.				

PLACE OF DOMICILE - Your place of domicile may or may not be the same as your place of residence. Your place of residence is where you currently live and your place of domicile is where your true, fixed and permanent home and principal residence is and to which you intend to return whenever you are absent. My place of domicile is:☐ Virginia☐ Another U.S. state/territory or Canada/Mexico (not eligible - must apply in place of domicile)☐ Outside of Virginia/Active Duty U.S. Military
(Active Duty Common Access Card (CAC) Required)☐ A country other than the U.S. (unexpired EAD or foreign passport and I-94 required for a non-domiciled CLP/CDL)**INTERSTATE DRIVER**

(Check the box for the qualification category that applies)

☐ NON-EXCEPTED - I meet the qualification requirements under 49 CFR Part 391 of the Federal Motor Carrier Safety Regulations. (Medical examiner's certificate required)☐ EXCEPTED - I am exempt from the qualification requirements under 49 CFR Part 391 of the Federal Motor Carrier Safety Regulations. (No medical examiner's certificate required)**INTRASTATE DRIVER (K restriction)**☐ NON-EXCEPTED - I meet the qualification requirements under Title 19 § 30-20-80 of the VA Administrative Code. (Medical examiner's certificate required)☐ EXCEPTED - I am exempt from the qualification requirements under Title 19 § 30-20-80 of the VA Administrative Code. (No medical examiner's certificate or state-approved letter required)**GOVERNMENT EMPLOYEES - (Fee waiver certification)**I certify that I am employed by the: ☐ Commonwealth of Virginia or ☐ City of ☐ County of ☐ Town of _____

to operate a motorcycle or commercial motor vehicle solely in the course of this employment and, because of such employment, I am entitled to the waiver of the motorcycle class and/or commercial motor vehicle endorsement fee, provided I have paid for and hold a valid Virginia driver's license or have made application for such.

SELECTIVE SERVICE

All males under the age of 26 are required to check one of the following. Failure to provide a response will result in denial of your application.

☐ I am already registered with Selective Service.☐ I am a lawful non-immigrant on a current non-immigrant visa or a seasonal agricultural worker (H-2A Visa) and not required to register.☐ I authorize DMV to forward to the Selective Service System personal information necessary to register me with Selective Service.

By signing this application, I consent to be registered with Selective Service, if required by federal law.

OPTIONAL SPECIAL INDICATORS**VETERAN INDICATOR**☐ Add or keep the veteran indicator on my commercial driver's license/permit. ☐ Remove the veteran indicator on my commercial driver's license/permit.

You must complete a Virginia Veteran Military Service Certification (DL 11) form and provide an acceptable veteran service proof document to add the veteran indicator, unless you have already done so.

BLOOD TYPE INDICATOR☐ Add or keep my blood type on my commercial driver's license/permit.☐ Remove my blood type from my commercial driver's license/permit.Select one: ☐ A+ ☐ B+ ☐ AB+ ☐ O+☐ A- ☐ B- ☐ AB- ☐ O-

The blood type designation displayed on a Virginia DMV issued credential shall not create any liability on the part of the Commonwealth of Virginia. Any person or entity that takes action based on the blood type designation displayed shall indemnify and hold harmless the Commonwealth of Virginia pursuant to Va Code §§ 46.2-342, 46.2-345, 46.2-345.2, and 46.2-345.3.

NOTICE

Va. Code §§46.2-323 and 46.2-342 require that you provide DMV with the information on this form (including your social security number). Your personally identifiable information is being collected for record keeping purposes and will be disseminated only in accordance with Va. Code §§46.2-208, 46.2-209, and the Driver's Privacy Protection Act, 18 USC §2721. Persons convicted of certain sexual offenses (as listed in Va. Code §9.1-902) must register or re-register with the Virginia Department of State Police as provided in Va. Code §§9.1-901, 9.1-903, and 9.1-904. If you provide a non-Virginia residence/home address or non-Virginia mailing address, your application for a driver's license or permit may be denied. Upon issuance of a driver's license, commercial driver's license or ID card in the Commonwealth of Virginia, any driver's license, commercial driver's license or ID card previously issued by another state must be surrendered and will be cancelled by the issuing state.

CERTIFICATION

I certify and affirm that I am a resident of Virginia, that all information presented in this application is true and correct, that any documents I have presented to DMV are genuine, and that my appearance, for purpose of my DMV photograph, is a true and accurate representation of how I generally appear in public. I make this certification and affirmation under penalty of perjury and understand that knowingly making a false statement on this application is a criminal violation. By signing this form, I authorize DMV to verify the information provided on this application, as required to determine eligibility.

APPLICANT NAME (print)	APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
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Completion of this section is requested but not required. (Virginia Code §2.2-3806)

INFORMATION FOR THE DEPARTMENT OF ELECTIONS - Mail In / DMV Connect / DMV Select Only

Are you a citizen of the United States of America?

YES

(INITIAL BOX)

NO

(INITIAL BOX)

Do you want to register to vote or change your voter registration address?

YES

(INITIAL BOX)

NO

(INITIAL BOX)



ISD 01 (07/01/2020)

ADDRESS CHANGE REQUEST

Purpose: Use this form to report a change of address to the Virginia Department of Motor Vehicles.

Instructions: Complete this form and submit it to DMV. The Virginia Department of Motor Vehicles is able to capture and store three different addresses (residence, mailing, and vehicle registration). It is very important to DMV that we capture your correct address(es). You may also update your records immediately by changing your address online at www.dmvNOW.com.

CUSTOMER INFORMATION

CUSTOMER NUMBER (as it appears on your driver's license or identification card)		CUSTOMER BIRTH DATE (mm/dd/yyyy)	
FULL LEGAL NAME (last, first, middle, suffix)			
REASON FOR ADDRESS CHANGE (check one)		ADDRESS FIELD EFFECTIVE DATE (mm/dd/yyyy)	
<input type="checkbox"/> MOVED <input type="checkbox"/> CORRECTION (typographical error, new 911 address, etc.)			

NEW RESIDENCE/HOME ADDRESS

- Enter the address where you actually live. Do not enter a post office box number. Virginia law requires you to provide this address to DMV.
- If you change either your residence/home address or mailing address to a non-Virginia address, your driver's license and/or photo identification (ID) card may be canceled.

STREET ADDRESS (no P.O. Box)		CITY	STATE	ZIP CODE
RESIDENCE LOCATION (city or county in which you live)		COUNTRY		

NEW MAILING ADDRESS

- The address shown on your driver's license may be either a post office box, business or residence address in Virginia.
- If you choose to have a mailing address that is different from your residence address, DMV will send all of your documents to the mailing address.
- If you change your residence/home address or mailing address to a non-Virginia address, your driver's license and/or photo identification (ID) card may be canceled.

MAILING ADDRESS	CITY	STATE	ZIP CODE
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VEHICLE REGISTRATION MAILING ADDRESS

- Use this section if you own a vehicle that is not located at your residence address and you want DMV to mail the vehicle registration renewal notice to an address different from those recorded above or if you want to notify DMV of a vehicle that is garaged somewhere other than where you live.
- If you need to change the address of more than two vehicles, use the additional space on the back of this form

VEHICLE 1	VEHICLE MAKE		TITLE NUMBER		LAST FOUR DIGITS OF VEHICLE IDENTIFICATION NUMBER (VIN)	
	MAILING ADDRESS		CITY		STATE	ZIP CODE
	COUNTRY	GARAGE JURISDICTION (city, county, or town where your vehicle is located)		DATE VEHICLE FIRST LOCATED HERE (mm/dd/yyyy)		

VEHICLE 2	VEHICLE MAKE		TITLE NUMBER		LAST FOUR DIGITS OF VEHICLE IDENTIFICATION NUMBER (VIN)	
	MAILING ADDRESS		CITY		STATE	ZIP CODE
	COUNTRY	GARAGE JURISDICTION (city, county, or town where your vehicle is located)		DATE VEHICLE FIRST LOCATED HERE (mm/dd/yyyy)		

To record additional vehicles, complete the reverse side of this form

CERTIFICATION

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

SIGNATURE	DATE (mm/dd/yyyy)	DAYTIME TELEPHONE NUMBER ()
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ADDITIONAL VEHICLE REGISTRATION MAILING ADDRESS

VEHICLE 3	VEHICLE MAKE		TITLE NUMBER		LAST FOUR DIGITS OF VEHICLE IDENTIFICATION NUMBER (VIN)	
	MAILING ADDRESS		CITY		STATE	ZIP CODE
	COUNTRY	GARAGE JURISDICTION (city, county, or town where your vehicle is located)		DATE VEHICLE FIRST LOCATED HERE (mm/dd/yyyy)		

VEHICLE 4	VEHICLE MAKE		TITLE NUMBER		LAST FOUR DIGITS OF VEHICLE IDENTIFICATION NUMBER (VIN)	
	MAILING ADDRESS		CITY		STATE	ZIP CODE
	COUNTRY	GARAGE JURISDICTION (city, county, or town where your vehicle is located)		DATE VEHICLE FIRST LOCATED HERE (mm/dd/yyyy)		

VEHICLE 5	VEHICLE MAKE		TITLE NUMBER		LAST FOUR DIGITS OF VEHICLE IDENTIFICATION NUMBER (VIN)	
	MAILING ADDRESS		CITY		STATE	ZIP CODE
	COUNTRY	GARAGE JURISDICTION (city, county, or town where your vehicle is located)		DATE VEHICLE FIRST LOCATED HERE (mm/dd/yyyy)		

VEHICLE 6	VEHICLE MAKE		TITLE NUMBER		LAST FOUR DIGITS OF VEHICLE IDENTIFICATION NUMBER (VIN)	
	MAILING ADDRESS		CITY		STATE	ZIP CODE
	COUNTRY	GARAGE JURISDICTION (city, county, or town where your vehicle is located)		DATE VEHICLE FIRST LOCATED HERE (mm/dd/yyyy)		

VEHICLE 7	VEHICLE MAKE		TITLE NUMBER		LAST FOUR DIGITS OF VEHICLE IDENTIFICATION NUMBER (VIN)	
	MAILING ADDRESS		CITY		STATE	ZIP CODE
	COUNTRY	GARAGE JURISDICTION (city, county, or town where your vehicle is located)		DATE VEHICLE FIRST LOCATED HERE (mm/dd/yyyy)		

VEHICLE 8	VEHICLE MAKE		TITLE NUMBER		LAST FOUR DIGITS OF VEHICLE IDENTIFICATION NUMBER (VIN)	
	MAILING ADDRESS		CITY		STATE	ZIP CODE
	COUNTRY	GARAGE JURISDICTION (city, county, or town where your vehicle is located)		DATE VEHICLE FIRST LOCATED HERE (mm/dd/yyyy)		

VEHICLE 9	VEHICLE MAKE		TITLE NUMBER		LAST FOUR DIGITS OF VEHICLE IDENTIFICATION NUMBER (VIN)	
	MAILING ADDRESS		CITY		STATE	ZIP CODE
	COUNTRY	GARAGE JURISDICTION (city, county, or town where your vehicle is located)		DATE VEHICLE FIRST LOCATED HERE (mm/dd/yyyy)		

VEHICLE 10	VEHICLE MAKE		TITLE NUMBER		LAST FOUR DIGITS OF VEHICLE IDENTIFICATION NUMBER (VIN)	
	MAILING ADDRESS		CITY		STATE	ZIP CODE
	COUNTRY	GARAGE JURISDICTION (city, county, or town where your vehicle is located)		DATE VEHICLE FIRST LOCATED HERE (mm/dd/yyyy)		

VEHICLE 11	VEHICLE MAKE		TITLE NUMBER		LAST FOUR DIGITS OF VEHICLE IDENTIFICATION NUMBER (VIN)	
	MAILING ADDRESS		CITY		STATE	ZIP CODE
	COUNTRY	GARAGE JURISDICTION (city, county, or town where your vehicle is located)		DATE VEHICLE FIRST LOCATED HERE (mm/dd/yyyy)		

VOTER REGISTRATION QUESTIONNAIRE

Purpose: Use this form if you were unable to complete the voter registration questions electronically on the credit card terminal to determine if a paper voter registration application is needed. Completion of this form is requested but not required to apply for a driver's license or ID card. (Virginia Code §2.2-3806)

Instructions: Answer the questions below and return this completed form to the customer service representative.

CUSTOMER INFORMATION	
CUSTOMER NAME (print)	CUSTOMER NUMBER
Are you a citizen of the United States of America?	The information on your application will be used to update your voter registration or register you to vote unless you initial NO to decline.
YES (INITIAL BOX) <input type="checkbox"/>	NO (INITIAL BOX) <input type="checkbox"/>
NO (INITIAL BOX) <input type="checkbox"/>	NO (INITIAL BOX) <input type="checkbox"/>